## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Primary Registration District No. \_\_\_\_\_\_\_ Primary Registrar's No. \_\_\_\_\_\_ Registration District No. DO NOT WRITE AMENDED TILED JUL 5 ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE VS 300 admission) AMENDED Jackson Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 16 c. CITY Inside Limits OR TOWN Yes No [ Kansas City c. FULL NAME OF (If NOT in hospital, give location) nside Limits d. STREET Reside on Farm DATE HOSPITAL OR **ADDRESS** General Hospital Yes No 🗆 Yes 🔲 No 🗷 3. NAME OF DECEASED Middle Last Day Year (Type or print) OF DEATH John 19, 1963 Dean June 0 Never Married | 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX COLOR OR RACE 7. Married 8. DATE OF BIRTH 80 Months Widowed K Divorced □ Mal e White 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Š 13b. MOTHER'S MAIDEN NAME 13a, FATHER'S NAME 14. NAME OF HUSBAND OR WIFE SOCIAL SECURITY NO. Ad 9426 E. 9th. (Yes, no, or unknown) (If yes, give war or dates of servi (PAUGHTEK NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH DOCUMENT PART I. DEATH WAS CAUSED BY: 10 Gastric ulcer with hemorrhage RECORD IMMEDIATE CAUSE (a) ö 11 INSTEAD DUE TO (b) Conditions, if any, which gave rise to ကြ above cause (a), ᆂ stating the under-DUE TO (c) lying cause last. ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the deceased there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS □ Unknown HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE 19. WAS AUTOPSY PERFORMED? YES A NO Month, Day, Year 20c. TIME OF RIBBON INJURY p.m. STATE 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED WHILE AT WORK | **TYPEWRITER** READ 6-19-63 and last saw her alive on 21. I attended the deceased from 2:45 Pm on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred SHOULD 22c. DATE SIGNED 22b. ADDRESS ran (Degree (D) title) ö 22a. SIGNATURE 6-21-63 2400 Cherry AFFIDAVIT 23d. LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY 23b. DATE SEMOVAL (Specify) Š ITEM

(Licensed Embaimer's Statement on Reverse Side

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## STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
orking under my personal supervision.	Signed J. C. Bassantino
UdentSignature of Student Embalmer	Signed O. C. Oassanlino
	Licensed Embalmer No. 4554
	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.